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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
\*\* 02/26/2004

\*\* SMALL ENTITY \*\*

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Initials	STATE OR COUNTRY TX	SHEETS DRAWING 4	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 2
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 30553  
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## TITLE

Nurse call interface and method of operation

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